

ORIGINAL

AUG 16 2005

**DOUGLAS F. CUSHNIE**  
P. O. BOX 949  
**SAIPAN, MP 96950**  
ELEPHONES: (670) 234/6843 • 234/683  
FAX: (670) 234/9723

Attorney for **Guerrero Brothers, Inc., et al.**

UNITED STATES DISTRICT COURT  
FOR THE  
NORTHERN MARIANA ISLANDS

**CYNTHIA A. METZLER, ACTING ) CIVIL ACTION NO. 97-00011  
SECRETARY OF LABOR, UNITED )  
STATES DEPARTMENT OF )  
LABOR, )  
Plaintiff, )  
vs. )  
GUERRERO BROTHERS, INC., )  
et al., )  
Defendants. )  
\_\_\_\_\_  
CERTIFICATE OF SERVICE**

I, Lucy M. Guerrero certify that on August 12, 2005 I personally served upon the U.S. Attorney's Office copies of Defendants' renewed motion for order in aid of judgment, memorandum, declaration of counsel and notice of motion by leaving the documents with Rutha Mizutani, receptionist.

I also certify that on August 12, 2005 I sent via U.S. mail with postage prepaid, certified with return receipt requested copies of the same upon Barbara Matthews, attorney for U.S. Department of Labor, a copy of said receipt attached hereto.

DATED this 15<sup>th</sup> day of August, 2005.



---

Lucy M. Guerrero

| U.S. Postal Service<br><b>CERTIFIED MAIL RECEIPT</b><br><i>(Domestic Mail Only; No Insurance Coverage Provided)</i>  |  |         |         |               |      |  |      |   |  |                      |         |
|--|--|---------|---------|---------------|------|--|------|---|--|----------------------|---------|
| Article Sent To:   |  |         |         |               |      |  |      |   |  |                      |         |
| Borromeo A. Matthews   |  |         |         |               |      |  |      |   |  |                      |         |
| 2729<br>5<br>8905<br>0000<br>0000<br>3220  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: right;">Postage</td> <td style="width: 50px; text-align: right;">\$ 1.29</td> </tr> <tr> <td style="text-align: right;">Certified Fee</td> <td style="text-align: right;">2.90</td> </tr> <tr> <td style="text-align: right;">Return Receipt Fee<br/>(Endorsement Required)</td> <td style="text-align: right;">1.75</td> </tr> <tr> <td style="text-align: right;">Restricted Delivery Fee<br/>(Endorsement Required)</td> <td></td> </tr> <tr> <td style="text-align: right;">Total Postage &amp; Fees</td> <td style="text-align: right;">\$ 5.34</td> </tr> </table> | Postage | \$ 1.29 | Certified Fee | 2.90 | Return Receipt Fee<br>(Endorsement Required) | 1.75 | Restricted Delivery Fee<br>(Endorsement Required) |  | Total Postage & Fees | \$ 5.34 |
| Postage  | \$ 1.29  |         |         |               |      |  |      |   |  |                      |         |
| Certified Fee  | 2.90   |         |         |               |      |  |      |   |  |                      |         |
| Return Receipt Fee<br>(Endorsement Required)   | 1.75   |         |         |               |      |  |      |   |  |                      |         |
| Restricted Delivery Fee<br>(Endorsement Required)  |  |         |         |               |      |  |      |   |  |                      |         |
| Total Postage & Fees   | \$ 5.34  |         |         |               |      |  |      |   |  |                      |         |
|    |  |         |         |               |      |  |      |   |  |                      |         |
| Name (Please Print Clearly) (To be completed by mailer)<br>Borromeo A. Matthews, Team Attorneys<br>Street, Apt. No., or PO Box No. 71 STEVENSON ST.<br>U.S. DEPT OF LABOR, STEP 1110<br>City, State, Zip No. San Francisco, Ca. 94105-2937 |  |         |         |               |      |  |      |   |  |                      |         |
| PS Form 3800, July 1999      See Reverse for Instructions  |  |         |         |               |      |  |      |   |  |                      |         |